

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212522010		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: Orchard House, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PHYLLIS C KATZ 1111 EAST MAIN STREET SUITE 2400 RICHMOND, VA 23219 </div> <div style="width: 35%;"> DUE DATE: 6/30/2012 SCC ID NO: 05044201 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: ORCHARD HOUSE SCHOOL 500 N. ALLEN AVENUE CITY/ST/ZIP: RICHMOND, VA 23220 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: HENRY R POLLARD TITLE: PRESIDENT ADDRESS: 8106 ROSE HILL RD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: ROB FARMER TITLE: VICE PRESIDENT ADDRESS: 218 N HARVIE STREET CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: BENITA FELMUS TITLE: TREASURER ADDRESS: 3701 BARRINGTON BRIDGE PLACE CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: NANCY DAVIES TITLE: HEAD OF SCHOOL ADDRESS: 8456 W BON VIEW DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: GAYLE WILLIAMS TITLE: SECRETARY ADDRESS: 1400 AQUA VISTA LANE CITY/ST/ZIP/CO: RICHMOND, VA 23231	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: Amy Ashworth Calos TITLE: DIRECTOR ADDRESS: 412 Henri Road CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME:	Carole Conner	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1800 Monument Avenue		
CITY/ST/ZIP/CO:	Richmond, VA 23220		
NAME:	Debbie Edmunds	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3800 Indigo Run Drive		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	Mark Emblidge	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 Stuart Circle		
CITY/ST/ZIP/CO:	Richmond, VA 23220		
NAME:	Marsha Feldstein	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3146 Floyd Avenue		
CITY/ST/ZIP/CO:	Richmond, VA 23221		
NAME:	Paige Goodpasture	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3206 Seminary Avenue		
CITY/ST/ZIP/CO:	Richmond, VA 23227		
NAME:	Juliette Landphair	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3216 Park Avenue		
CITY/ST/ZIP/CO:	Richmond, VA 23221		
NAME:	Jack Martin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3920 Lamont Street		
CITY/ST/ZIP/CO:	Richmond, VA 23227		
NAME:	Richard Moore	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8015 Spottswood Road		
CITY/ST/ZIP/CO:	Richmond, VA 23229		
NAME:	Sandy Morse	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8154 Hillis Way		
CITY/ST/ZIP/CO:	Mechanicsville, VA 23111		
NAME:	Mike Philhower	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1803 Oakway Drive		
CITY/ST/ZIP/CO:	Richmond, VA 23238		
NAME:	Jan Starnes	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7612 Hill Drive		
CITY/ST/ZIP/CO:	Richmond, VA 23225		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ NANCY DAVIES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>NANCY DAVIES, HEAD OF SCHOOL</u> PRINTED NAME AND CORPORATE TITLE	<u>6/12/2012</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		